

VOLUSIA COUNTY SHERIFF'S OFFICE

Page 1 of 3 Pages

INCIDENT REPORT

Agency Report Number
130012483

<input type="checkbox"/> Juvenile	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Gang	<input type="checkbox"/> Elderly Abuse / Exploitation
<input type="checkbox"/> Domestic Violence	VOR _____
<input type="checkbox"/> Endangered / Other	_____

Agency ORI Number
FL0640000Zone #
24Telephone Handled
Call? (T.H.C.)
1. Yes
2. No **2**

Reported: Day Date Time (mil.) Time Dispatched (mil.) Time Arrived (mil.) Time Completed (mil.)

Wednesday 05-08-2013 0036 0036 0036

Nature of Call (Report Type)

ASSIST Assist Agency

Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From Wednesday	Date 05-08-2013	Time (mil.) 0036	TO	Day	Date	Time (mil.)	Occurred During: D - Day U - Unknown N - Night	N
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Offense #1	Type 9	Statute Violation Number 77777777	Description ASSIST AGENCY	A - Attempted C - Committed
#2		Statute Violation Number	Description	A - Attempted C - Committed

Incident Location (Street, Apt. Number) City Zip
900 BLK S DELAWARE AV DELAND 32720

Business Name / Area Identifier	# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 0	Alcohol Related 0. N/A 1. Yes 2. No 0	Forced Entry 1. Yes 3. Attempted 2. No	Arson-Inhabited 1. Occupied 2. Unoccupied 3. Abandoned	Arson-Attempted 1. Yes 2. No
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Location Type 27	Location Type Codes 01.Residence-Single 02.Apartment/Condo 03.Residence/Other 04 Hotel/Motel	05.Convenience Store 06.Gas Station 07.Liquor Sales 08.Bar/Nightclub	09.Supermarket 10.Dept/Discount Store 11.Specialty Store 12.Drug Store/Hospital	13.Bank/Financial Inst. 14.Commercial/Office Bldg. 15.Industrial/Mfg. 16.Storage	17.Gov't/Public Bldg. 18.School/University 19.Jail/Prison 20.Religious Bldg	21.Airport 22.Bus/Rail Terminal 23.Construction Site 24.Other Structure	25.Parking Lot/Garage 26.Highway/Roadway 27.Park/Woodlands/Field 28.Lake/Waterway	29.Motor Vehicle 30.Other Mobile 88.Unknown 99.Other
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EVENT DATA

CODES

V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 9. Other	Address/Phone Type B. Business/Work C. Cell H. Home	M. Message N. Next of Kin O. Other	P. Pager S. School V. Vacation	Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian	Sex M-Male F-Female U-Unknown	Residence Type 0. NA 3. Florida 1. City 4. Out-of-State 2. County	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident
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Means of Attack F-Firearm K-Knife/Cutting Inst.	O-Other Dangerous H-Hands, Fists, Feet, Etc.	Extent of Injury 00.N/A 01.Gunshot 02.Stabbed	03.Laceration 04.Unconscious 05.Poss.Broken Bones	06.Poss. Internal Injury 07.Loss of Teeth 08.Burns	09.Abrasions/Bruises 10.No Visible Injury 99.Other Serious Injury	Domestic Violence 1. Yes 2. No	Victim Relationship to Offender S-Spouse B-Sibling P-Parent O-Other Family C-Child H-Co-Habitant	Z-Other
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VICTIM/WITNESS

Offense Indicator 1. #1 3. Both 2. #2	V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)	Name (Last/Business) (First) (Middle)
Address (Street, Apt. Number)				City State Zip	Residence Phone

Business/School/Other Address (Street, Apt. Number)				City State Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement			
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If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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Address (Street, Apt. Number)				City State Zip	Residence Phone

Business/School/Other Address (Street, Apt. Number)				City State Zip	Address Type	Business/School/Other Phone	Phone Type
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Business/School/Other Address (Street, Apt. Number)				City State Zip	Address Type	Business/School/Other Phone	Phone Type
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Address (Street, Apt. Number)				City State Zip	Residence Phone

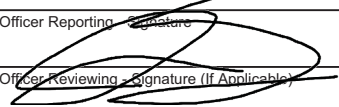
Business/School/Other Address (Street, Apt. Number)				City State Zip	Address Type	Business/School/Other Phone	Phone Type
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Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement			
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If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
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INCIDENT REPORT (CONT.)

Page 2 of 3 Pages

Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)		Race	Sex	Ethnicity	
Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
Nickname / Street Name				Place of Birth - City		County	State	Employer/Other/School		Occupation		
Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type	
Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type	
Driver's License State/Number				Social Security Number			Other ID Number			ID Type		
Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses				
If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency		
Date of Last Contact		Date of Emancipation		Caution	Caution Reason			Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:		Mental Condition:			Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		
Dental Record Available? 1. Yes 2. No												
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												
Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code	#	Subj. Type	Name (Last) (First) (Middle)		Race	Sex	Ethnicity	
Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
Nickname / Street Name				Place of Birth - City		County	State	Employer/Other/School		Occupation		
Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type	
Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type	
Driver's License State/Number				Social Security Number			Other ID Number			ID Type		
Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses				
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May Be With:		Physical Condition:		Mental Condition:			Doctor Name:		Dentist Name:			
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Dental Record Available? 1. Yes 2. No												
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												
<p>1 On 5/8/13 around 0036 hours, Deputy Szabo observed a gold color Toyota car bearing Florida license plate BKCR10 parked in the middle of the road near the intersection of Green Street and Parsons Avenue with all the doors open. As Deputy Szabo drove closer to the vehicle, he observed approximately five individuals inside the vehicle. All the individuals closed the doors and Deputy Szabo observed an unknown black male walking away from the vehicle. The vehicle drove past Deputy Szabo and he observed a black male driver not wearing his seat belt. Deputy Szabo activated his blue emergency lights and attempted a traffic stop. The vehicle continued northbound on Parsons Avenue and continued to drive at approximately 25 miles per hour, but did not stop. Deputy Szabo obeyed all traffic laws and activated his siren but the vehicle still did not stop.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8 At that point, Deputy Szabo shut off his blue lights and sirens approximately half way between Green Street and West Beresford Avenue and notified central dispatch that the vehicle turned westbound onto West Beresford Avenue. It should be noted once Deputy Szabo realized the vehicle was not stopping he continued to obey all traffic laws and department policies. Deputy Szabo observed two Deland Police vehicles to be</p> <p>9</p> <p>10</p>												
Final Case Status: 5		Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded						<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral				
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC		Date:		Time:		<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel		<input type="checkbox"/> T.T. BOLO		Date: By:		
Connecting Report Number 130003117		Agency Deland PD		Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____								
Officer Reporting - Printed Szabo, John				Officer Reporting - Signature 				ID. Number 7955		Unit 1C26		Date 05-08-2013
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number		Unit		Date

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Page 3 of 3 Pages

EVNT	Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1.Original	2.Supplement	1
	05-08-2013	0036		ASSIST	130012483			

11

traveling on West Beresford Avenue and were right behind the vehicle when it turned onto West Beresford Avenue.

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13

Officer Ferarri (Deland Police Department) notified central dispatch that he was behind the vehicle headed westbound. A few moments later,

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Officer Ferarri notified central dispatch that the driver was fleeing on foot in the 900 block of South Delaware Avenue and he needed rescue code

15

three.

16

17

At that point, Deputy Szabo was on West Beresford Avenue approaching Delaware Avenue and responded to the scene with an emergency

18

response, due to the information relayed by Officer Ferrari.. Deputy Szabo parked and ran approximately 150 feet towards the Deland Police

19

vehicle that was parked near a fence towards the end of a grassy field. Deputy Szabo asked Officer Harris (Deland Police Department) what he

20

needed rescue for and he said, "He's under my car."

21

22

At that point Sergeant Sawicki was notified. Deputy Szabo photographed the scene.

23

24

The scene was secured by the Deland Police Department and Deputy Szabo had no further involvements. (See Deland case # 130003117)

25

26

Case Status: Closed

ADMINISTRATIVE

Final Case Status:

5

Final Case Status Codes:

1.Arrest/Adult

2.Arrest/Juv.

3.Exceptional/Adult

4.Exceptional/Juv.

5.Closed

6.Unfounded

☐ Victim Advocate

☐ Triad

☐ SA Referral

☐ DCF Hotline

☐ CAC

Spoke With:

Date:

Time:

☐ FCIC / NCIC Entry

☐ T.T. BOLO

Date:

By:

Connecting Report Number

Agency

Additional Forms Attached:

☐ Narrative

☐ SA 707

☐ Persons

☐ Property

☐ Veh./Tow Sheet

☐ Other

Describe:

130003117

Deland PD

Officer Reporting - Printed

Szabo, John

Officer Reporting - Signature

ID. Number

7955

Unit

1C26

Date

05-08-2013

Officer Reviewing - Printed (If Applicable)

Officer Reviewing - Signature (If Applicable)

ID. Number

Unit

Date

NARRATIVE / CONTINUATION